

Bellevue Medical Practice

Quality Report

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Date of inspection visit: 29 November 2017

Date of publication: 28/12/2017

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good



Are services safe?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bellevue Medical Practice on 23 August 2016. The practice was rated requires improvement for providing safe services with an overall rating of good. The full comprehensive report on the August 2016 inspection can be found by selecting the 'all reports' link for Bellevue Medical Practice on our website at www.cqc.org.uk.

This inspection was a follow up focused inspection carried out on 29 November 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 23 August 2016. This report covers our findings in relation to those requirements.

We found the practice had taken action to address areas where improvements were needed. The practice had made extensive changes which had resulted in significant improvements for providing safe services.

Our key findings were as follows:

- Effective systems and processes had been implemented to ensure patients who were prescribed high risk medicines received monitoring in line with national guidance.

Janet Williamson

Deputy Chief Inspector of General Practice

Bellevue Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist advisor and a second CQC inspector.

Background to Bellevue Medical Practice

The practice is registered with the Care Quality Commission (CQC) as Bellevue Medical Practice but is known locally as and referred to as Bellevue Medical Centre within the body of the report. The practice is located in Edgbaston, a district in south west Birmingham in the West Midlands. The practice became part of The Modality Partnership, a corporate partnership provider during 2015 which resulted in changes to their registration with CQC in 2016.

Bellevue Medical Centre is a location within the Modality Partnership, with four GP partners (all male) and 12 salaried GPs (eight female and four male), operating from a purpose built property. A new practice manager was in post at the November 2017 inspection. Other supporting staff include a reception manager, four practice nurses, two healthcare assistants, administration and receptionist staff. There were 8163 patients registered with the practice at the time of the inspection.

The practice provides primary medical services to patients in a residential suburban area. The practice area is one of a higher than average rate of deprivation (45%) compared with the local average of 37% and the national average of 22%. The practice population is multi-cultural and diverse, with an Asian population of 28%, black 17%, mixed 7% and other non-white 7%.

Bellevue Medical Centre holds a Primary Medical Services (PMS) contract with NHS England for delivering primary care services to the local communities. This is an alternative to the standard General Medical Services contract and is used when services are agreed locally with a practice which may include services beyond the standard contract.

The practice opens Monday to Friday from 8am to 6.30pm, with appointments available between these times. It is closed at weekends and cover is provided by Primecare. Appointments can be booked up to four weeks in advance. Extended hours and weekend appointments are available through the Modality group but may be offered at another practice in the area.

The practice does not provide an out-of-hours service but has alternative arrangements in place for patients to be seen when the practice is closed. For example, if patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on the circumstances. Information on the out-of-hours service (provided by Primecare) is available on the practice's website and in the patient practice leaflet.

Home visits are available for patients who are housebound or too ill to attend the practice for appointments. There is also an online service which allows patients to order repeat prescriptions, book appointments and to make changes to personal details. The practice also provides an email address for patients to contact reception staff for non-urgent queries, with future plans to extend this to include online and email consultations.

The practice treats patients of all ages and provides a range of medical services. This includes disease management such as asthma, diabetes and heart disease. Other appointments are available for maternity care, mental health, circumcision services and travel vaccinations. The practice provides care for patients at two nearby care

Detailed findings

homes. GPs visit patients at the homes weekly and also respond to urgent health care needs when required. The practice has a national dispersal hostel within its catchment area and provides care for asylum seekers and homeless people. They also provide care for patients with dementia living in a residential home, and hold clinics at a nearby school of dance and at the Royal Ballet.

Bellevue Medical Centre is an approved training practice for trainee GPs. A trainee GP is a qualified doctor who is training to become a GP through a period of working and training in a practice. At the time of the inspection two trainee GPs were working at the practice. The practice is also fully involved in the teaching of medical students and other professionals.

The practice became a research practice in 1985. There are academic GPs (three professors) working at the practice who support research in primary care, to improve patients care and treatment both at their practice and across the NHS.

Why we carried out this inspection

We undertook a comprehensive inspection of this service on 23 August 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall, with requires improvement in the provision of services that were safe. The full comprehensive report following the inspection in August 2016 can be found by selecting the 'all reports' link for Bellevue Medical Practice on our website at www.cqc.org.uk.

We undertook an announced follow up focused inspection of Bellevue Medical Practice on 29 November 2017. This inspection was carried out to confirm the practice had carried out their plans to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 23 August 2016. This report covers our findings in relation to those requirements.

Are services safe?

Our findings

At our previous inspection on 23 August 2016 we rated the practice as requires improvement for providing safe services as improvements were needed because:

- The systems for ensuring that patients prescribed high risk medicines received monitoring in line with best practice guidelines needed strengthening.

During our follow up focused inspection on 29 November 2017 we found that the practice had taken action to address the areas identified in the August 2016 inspection. The practice is now rated as good for providing safe services.

Overview of safety systems and process

Improvements had been required for monitoring patients prescribed high risk medicines in accordance with best practice guidelines. Systems had been strengthened and significant improvements had been made. The practice had:

- Carried out a review of the management of patients prescribed high risk medicines to identify areas where improvements were needed.
- Focused on areas where gaps had been identified, such as ensuring that all blood test results were recorded, documenting all calls and recalls of patients and updating all patient records from discharge letters.
- Negotiated with laboratories regarding changes to collection times as these had impacted on the reliability of tests (or whether tests were still fit for testing) on the samples collected from the practice.

Policies were revised and new policies implemented to ensure that patients prescribed high risk medicines were appropriately managed. This included:

- Ongoing monitoring to ensure that new processes were fully implemented and embedded. A clinical pharmacist had been employed by the practice (July 2017) to support medicines management including the monitoring and review processes.
- The practice had introduced a programme of monthly audits for each high risk medicine, and had added additional medicines the practice had decided to include for monitoring. A flow chart had been designed and implemented so that all staff involved were clear about the processes they should follow.
- Further analysis and comparisons were completed including identifying patients who failed to respond to recalls. The process for recall letters was strengthened to encourage patients to attend. Where patients continued to be unresponsive after three recall letters had been sent, further letters to reduce or withdraw prescriptions were considered.

The practice provided evidence to confirm that action had been taken regarding those patients who had not received a review of their high risk medicines at the last inspection. They had carried out a review and taken necessary action to ensure patients were kept safe and continued to receive appropriate treatment.